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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/562,369 | | | ing Date 10/2006 | To be Mailed | |
|---|--|---|--|--|-----|------------------------------|---|---|------------------------|----|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY 🛛 | | | | HER THAN ALL ENTITY | |
| | FOR N | | | R FILED NUI | | MBER EXTRA | | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | N/A | | N/A | |] | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), (| or (m)) | N/A | | N/A | N/A | | N/A | | | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | N/A | | N/A | |] | N/A | | |
| | ΓAL CLAIMS CFR 1.16(i)) | | minus 20 = * | | | | | x \$ = | | OR | x \$ = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | S | m | minus 3 = * | | | 1 | x \$ = | | | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | shee is \$2 addi | If the specification and drawings sheets of paper, the application is \$250 (\$125 for small entity) for additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C | | | e fee due ach eof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | | TOTAL | | |
| | APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| AMENDMENT | 01/27/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | | RESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(i)) | * 35 | Minus | ** 51 | = (|) | | X \$26 = | 0 | OR | x \$ = | | |
| ١ | Independent (37 CFR 1.16(h)) | * 4 | Minus | ***8 | = (|) | 1 | X \$110 = | 0 | OR | x \$ = | | |
| Ĭ | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | 0 | OR | TOTAL ADD'L FEE | | |
| L | | (Column 1) | | (Column 2 | | Column 3) | | | | | | | |
| _ | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSI PAID FOR | R P | RESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| ËN | Total (37 CFR 1.16(i)) | * | Minus | ** | = | | | x \$ = | | OR | x \$ = | | |
| DM | Independent (37 CFR 1.16(h)) | * | Minus | *** | = | | | x \$ = | | OR | x \$ = | | |
| AMENDMENT | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | _ | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: /WILLIAM N. PHILLIPS/ *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

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